



PERIYAR COLLEGE OF PHARMACEUTICAL SCIENCES

Periyar Centenary Educational Complex
Tiruchirappalli - 620 021

New Logo

Approved by Directorate of Medical Education, Chennai &
King Institute of Preventive Medicine & Research, Guindy, Chennai
Approved by Govt. of Tamil Nadu G.O.(MS).No.560, dt.16.03.1982

NIRF – MHRD, Govt. of India Ranked Institution - 2016

APPLICATION FOR DIPLOMA IN MEDICAL LABORATORY TECHNOLOGY (DMLT) [TWO YEARS]

Application No:

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attested
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35mm x 55mm**

1. Name of the Applicant
(In Block Letters) :
2. Date of Birth :
3. Gender : Male / Female / Trans
4. Nationality :
5. Father's /Guardian's Name
& Occupation :
6. Mother's Name
& Occupation :
7. Mother tongue :
8. Community (Specify Caste) : OC / BC / BCM / MBC / DNC / SC / SCA / ST
9. Blood Group :
10. Permanent Address with Pincode :
11. Contact Telephone & Mobile No. :

An ISO 9001: 2015 Certified Institution

12. **Qualification: H.Sc. (State Board / CBSE)**

Physics out of 200	Chemistry out of 200	Mathematics out of 200	Biology / Comp. Science out of 200	Botany out of 200	Zoology out of 200	% of Marks in Part III

13. **Extra Curricular Activities: (Give details, if any)**

- a. Sports :
- b. Games :
- c. N.S.S. :
- d. N.C.C. :
- e. Others :

14. **Whether sponsored by any member of the Periyar Self Respect Propaganda Institution, Chennai or Periyar Maniammai Institute of Science and Technology Chennai (If yes, give details).**

DECLARATION

I/We do hereby declare that the particulars given above are true and correct to the best of my/our knowledge and that I/We shall render ourselves liable for any action to be taken, if the statement is found to be incorrect / false. I shall abide by the rules and regulations of the college.

I/We understand that fees once paid to the college will not be refunded. We undertake that I/We will not claim refund of fees in the event of voluntary discontinuation of my ward from the college.

Date :

Signature of the Applicant

Place :

Name & Signature of the Parent / Guardian

Office Use

Admission No. :

Date of Admission :

Signature of the Principal

Enclosures: Attested copies of

- | | | | |
|---------------------------------|--------------------------|--|--------------------------|
| (i) H. Sc. Mark Statement | <input type="checkbox"/> | (ii) H. Sc. Transfer Certificate | <input type="checkbox"/> |
| (iii) Birth Certificate | <input type="checkbox"/> | (iv) Aadhar Card | <input type="checkbox"/> |
| (v) Community Certificate | <input type="checkbox"/> | (vi) Physical Fitness Certificate (Original) | <input type="checkbox"/> |
| (vii) Name of the Bank & Branch | <input type="text"/> | DD No. Date & Amount | <input type="text"/> |

Note: Application filled in all aspects should be sent to the Principal enclosing photocopies of the required documents attested by a Gazetted Officer alongwith a **Demand Draft for Rs. 6,00/-** drawn in favour of "The Correspondent, Periyar College of Pharmaceutical Sciences", Trichy - 21 payable at Tiruchirappalli.